Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless 8 displays 8 yalld OMB control number. Approved for use through 7/31/2006 CMB 0651-0032 U.S. Paleril and Trademark Office; U.S. DEPARTMENT OF COMMERCE Substitute for Form PTO-875 Application or Docket Number Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) OTHER THAN (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED BASIC FEE NUMBER EXTRA RATE (\$) (37 CFR 1 16(1) (b) a (c)) FEE O NA RATE (\$) N/A FEE (1) SEARCHFEE NVA 150.00 (37 CFA 1 16(W. H). or (m) ŃΑ NA 300.00 N/A EXAMINATION FEE NA \$250 (37 CFR 1 16(a). (p), or (a)) NIA NA \$500 N/A TOTAL CLAIMS NA \$100 (37.CFR 1 16(1) NA \$200 minus 20 . INDEPENDENT CLAIMS X\$ 25 (37 CFR 1 16(N)) X\$50 OR minus 3 = X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due FEE . (37 CFR | 16(4)) is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR | 164) +180= ullet if the difference in column 1 is less then zero, enter ullet in column 2. +360= TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3): OTHER THAN CLAIMS SMALL ENTITY OR HIGHEST REMAINING SMALL ENTITY 106 AFTER AMENDMENT NUMBER PRESENT ENDMENT RATE (\$) PREVIOUSLY ADDI-**EXTRA** RATE(\$) Total prices Ligni PAID FOR TIONAL FEE (\$) ADDI: Minus TIONAL Эo FEE (1) independent ... D7 CFR T. Techti X\$ 25 Minus X\$50 3 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360= OR TOTAL TOTAL ADD'L FEE OR (Column 1) ADO'L FEE (Column 2) (Column 3) CLAIMS 8 REMAINING HIGHES? NUMBER AFTER. PRESENT AMENDMENT PREVIOUSLY RATE (\$) ADDI-EXTRA RATE (\$) Total CITOFR.1.18(II) PAID FOR TIONAL ADOI-Minus FEE (\$) TIONAL FEE (\$) X\$ 25 Independent . Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200. OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360= OR TOTAL TOTAL.

If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1 Explosion of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to process) an application. Confidentiality is poverned by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. biding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of lime you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450: DO NOT SEND FEES OR COMPLETED FORMS TO THIS

ADD'L FEE

OR

ADD'L FEE